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## \*BIBDATASHEET\*

CONFIRMATION NO. 4745

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/704,364	<b>FILING OR 371(c) DATE</b> 11/02/2000 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> ROYCE-66837						
<b>APPLICANTS</b> Joseph M. Iglesias, Thousand Oaks, CA; Tracy E. Grim, Tulsa, OK; Stacy Wyatt, Camarillo, CA; Steven T. Pelote, Valley Village, CA; Luis F. Teran, North Hills, CA;										
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/580,129 12/28/1995 PAT 5,713,837 and is a CIP of 09/018,318 02/03/1998 PAT 6,024,712 and is a CIP of 09/504,980 02/15/2000 ABN										
<b>** FOREIGN APPLICATIONS *****</b>										
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/12/2001										
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 91	<b>INDEPENDENT CLAIMS</b> 12						
<b>ADDRESS</b> 24201										
<b>TITLE</b> Molded orthopaedic devices										
<b>FILING FEE RECEIVED</b> 1518	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1" style="float: right;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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